

## ARIZONA DEPARTMENT OF ECONOMIC SECURITY

**CHILD CARE ASSISTANCE GROSS MONTHLY INCOME ELIGIBILITY CHART AND FEE SCHEDULE**

Effective October 1, 2005

Priority Group 1			Priority Group 2			
FAMILY SIZE	FEE LEVEL 1 (L1) MAXIMUM INCOME EQUAL TO OR LESS THAN 85% FPL*	FEE LEVEL 2 (L2) MAXIMUM INCOME EQUAL TO OR LESS THAN 100% FPL*	FEE LEVEL 3 (L3) MAXIMUM INCOME EQUAL TO OR LESS THAN 135% FPL*	FEE LEVEL 4 (L4) MAXIMUM INCOME EQUAL TO OR LESS THAN 145% FPL*	FEE LEVEL 5 (L5) MAXIMUM INCOME EQUAL TO OR LESS THAN 155% FPL*	FEE LEVEL 6 (L6) MAXIMUM INCOME EQUAL TO OR LESS THAN 165% FPL*
1	0 - 679	680 - 798	799 - 1,078	1,079 - 1,158	1,159 - 1,237	1,238 - 1,317
2	0 - 910	911 - 1,070	1,071 - 1,445	1,446 - 1,552	1,553 - 1,659	1,660 - 1,766
3	0 - 1,140	1,141 - 1,341	1,342 - 1,811	1,812 - 1,945	1,946 - 2,079	2,080 - 2,213
4	0 - 1,372	1,373 - 1,613	1,614 - 2,178	2,179 - 2,339	2,340 - 2,501	2,502 - 2,662
5	0 - 1,603	1,604 - 1,885	1,886 - 2,545	2,546 - 2,734	2,735 - 2,922	2,923 - 3,111
6	0 - 1,833	1,834 - 2,156	2,157 - 2,911	2,912 - 3,127	3,128 - 3,342	3,343 - 3,558
7	0 - 2,064	2,065 - 2,428	2,429 - 3,278	3,279 - 3,521	3,522 - 3,764	3,765 - 4,007
8	0 - 2,295	2,296 - 2,700	2,701 - 3,645	3,646 - 3,915	3,916 - 4,185	4,186 - 4,455
9	0 - 2,526	2,527 - 2,971	2,972 - 4,011	4,012 - 4,308	4,309 - 4,606	4,607 - 4,903
10	0 - 2,757	2,758 - 3,243	3,244 - 4,379	4,380 - 4,703	4,704 - 5,027	5,028 - 5,351
11	0 - 2,988	2,989 - 3,515	3,516 - 4,746	4,747 - 5,097	5,098 - 5,449	5,450 - 5,800
12	0 - 3,219	3,220 - 3,786	3,787 - 5,112	5,113 - 5,490	5,491 - 5,869	5,870 - 6,186**

## MINIMUM REQUIRED COPAYMENTS

1 <sup>st</sup> child in care	full day = \$1.00 part day = \$0.50	full day = \$2.00 part day = \$1.00	full day = \$3.00 part day = \$1.50	full day = \$5.00 part day = \$2.50	full day = \$7.00 part day = \$3.50	full day = \$10.00 part day = \$5.00
2 <sup>nd</sup> child in care	full day = \$0.50 part day = \$0.25	full day = \$1.00 part day = \$0.50	full day = \$1.50 part day = \$0.75	full day = \$2.50 part day = \$1.25	full day = \$3.50 part day = \$1.75	full day = \$5.00 part day = \$2.50
3 <sup>rd</sup> child in care	full day = \$0.50 part day = \$0.25	full day = \$1.00 part day = \$0.50	full day = \$1.50 part day = \$0.75	full day = \$2.50 part day = \$1.25	full day = \$3.50 part day = \$1.75	full day = \$5.00 part day = \$2.50

For families receiving Transitional Child Care (TCC) there is no co-pay assigned beyond the 3<sup>rd</sup> child in the family.

4 <sup>th</sup> child in care	full day = \$0.25 part day = \$0.10	full day = \$0.50 part day = \$0.25	full day = \$0.75 part day = \$0.35	full day = \$1.25 part day = \$0.60	full day = \$1.75 part day = \$0.85	full day = \$2.50 part day = \$1.25
5 <sup>th</sup> child in care	full day = \$0.25 part day = \$0.10	full day = \$0.50 part day = \$0.25	full day = \$0.75 part day = \$0.35	full day = \$1.25 part day = \$0.60	full day = \$1.75 part day = \$0.85	full day = \$2.50 part day = \$1.25
6 <sup>th</sup> child in care	full day = \$0.25 part day = \$0.10	full day = \$0.50 part day = \$0.25	full day = \$0.75 part day = \$0.35	full day = \$1.25 part day = \$0.60	full day = \$1.75 part day = \$0.85	full day = \$2.50 part day = \$1.25

Full day = Six or more hours; Part day = Less than 6 hours

Families receiving Child Care Assistance based on Child Protective Services/Foster Care, the Jobs Program, the Arizona Works Program or those who are receiving Cash Assistance (CA) and are employed, may not have an assigned fee level or minimum required copayment. However, all families may be responsible for charges above the minimum required copayments if a provider's rates exceed allowable state reimbursement maximums and/or the provider has other additional charges.

\* Federal Poverty Level (FPL) = US DHHS 2005 poverty guidelines.

\*\* This amount is equal to the Federal Child Care & Development Fund statutory limit (for eligibility for child care assistance) of 85% of the state median income.

## ARE YOU ELIGIBLE FOR CHILD CARE ASSISTANCE AT FEE LEVELS L5 OR L6?

### What does this mean to me?

Sometimes when families are eligible at L5 or L6, the DES required copayment per child can be equal to or greater than the DES payment rate. This means that no payment will be made for a child whose copayment is equal to or greater than the DES payment rate (*because the family is responsible to pay the required copayment amount per child to the provider*).

All child care providers set their own rates, and DES pays providers up to a maximum amount. The maximum amount varies based on the provider you have chosen and the age of your child. If the DES required copayment for your child is less than the DES payment rate, DES will pay the difference. If the DES required copayment is equal to or greater than the DES payment rate, no DES payment will be made for the child.

Remember that if you have more than one child needing care, the DES required copayment will be lower for the 2<sup>nd</sup> and 3<sup>rd</sup> children, and DES may pay a portion of the cost (*even if no payment will be made for the 1<sup>st</sup> child*).

### How do I find out if this applies to me?

If you are eligible for Child Care Assistance at fee levels L5 or L6, this may apply to you. When you are selecting a provider, ask the provider how much their DES payment rate is for each full day of care, and for each part day of care. Rates vary based on the age of the child, so be sure the provider gives you their DES payment rate for your child's age.

If you will be using part days (*less than 6 hours per day*), the daily copayment amount will be lower and DES may pay a portion of the cost.

Find the DES required copayment for each of your children using the Child Care Assistance Gross Monthly Income Eligibility Chart and Fee Schedule. Subtract the daily full or part day copayment amount from your provider's daily full or part day payment rate to see how much DES will pay per child per day.

### Example:

If you are eligible at fee level L6, the copayment for your 1<sup>st</sup> child in care is \$10.00 for a full day, and the copayment for your 2<sup>nd</sup> child in care is \$5.00 for a full day. If your provider's DES payment rate is \$10.00 for a full day for each of your children, DES will pay the following amounts for each full day of care per child:

DES payment rate:	1 <sup>st</sup> Child-Full day: \$10.00	Part Day: \$5.00	2 <sup>nd</sup> Child Full Day: \$10.00	Part Day: \$5.00
Copayment:	- \$10.00	- \$5.00	- \$5.00	- \$2.50
DES payment to provider:	\$ 0.00 = No DES payment to provider	\$0.00 = No DES payment to provider	\$5.00 = DES payment to provider	\$2.50 = DES payment to provider

### How will this affect me?

If you are eligible at fee levels L5 or L6, and if you select a provider whose DES payment rate is less than or equal to your DES required copayment amount, no payment will be made to the provider for your child.

However, if you have more than one child who needs care, the DES required copayment for them will be lower and DES may pay a portion of the cost for them (*see example above*).

### What are my options if I select a provider where no payment can be made for my child(ren)?

You can keep your Child Care case open. Your Child Care Specialist will continue to monitor your Child Care case. If you decide to keep your case open:

- ◆ You must continue to report all changes within 2 work days;
- ◆ You must comply with the review process at least every 6 months;
- ◆ If you later decide to change to a provider where payment can be made by DES, your Specialist will authorize services;
- ◆ If the Priority Waiting List goes into effect while your case is open, you will not have to wait on the list before receiving Child Care Assistance;

You can have your case closed. If you decide to have your case closed:

- ◆ Your Child Care Specialist will ask you to sign a voluntary withdrawal form;
- ◆ If you later reapply for Child Care Assistance when the Priority Waiting List is in effect, you will have to be placed on the list before receiving services.

Equal Opportunity Employer/Program ◆ Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting: (602) 542-4248.